2001 MCH Maricopa County Needs Assessment Users Survey

We want this document to be useful to you. Your reaction to this document is important to us. Please respond to the following questions within 30 days of receipt. Provide additional comments if you wish. After completion of this survey, remove this page from the book and FAX to Rose Howe, Community Development Manager at (602) 506-6444. Thank You.

1.	Have you had a chance to use this Needs Assessment? If yes, what have you used it for? Please be as specific as possible.	☐ Yes	□ No
2.	Would you like to receive this document on an annual basis?	☐ Yes	□ No
3.	Would you be willing to pay printing costs to receive this document? (\$25)	☐ Yes	□ No
4.	Which aspect of the needs assessment did you find most helpful?		
5.	Which aspect did you find least helpful?		
6.	Is there a colleague you feel would benefit from receiving this needs assessment? Please provide name and address:	☐ Yes	□ No
7.	What recommendations would you make to improve this document?		